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**TO:** Health Committee  
**FROM:** LeadingAge Maryland  
**SUBJECT:** House Bill 1251- Health Facilities And Health Insurance – Palliative Care – Required Access And Coverage (Edna G. Neal Palliative Care Act)  
**DATE:** March 13, 2026

**POSITION: Letter of Information**

LeadingAge Maryland offers this letter of information for House Bill 1251, House Bill 1251- Health Facilities And Health Insurance – Palliative Care – Required Access And Coverage (Edna G. Neal Palliative Care Act).

LeadingAge Maryland is a community of more than 150 not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. Members of LeadingAge Maryland provide health care, housing, and services to more than 20,000 older persons each year.

LeadingAge Maryland appreciates the opportunity to share information regarding HB 1251, which proposes requirements related to palliative care access and regulations. We strongly support the intent of this legislation – ensuring that Maryland residents have access to comprehensive care during all stages of life and disease. However, we have concerns about some of the requirements in the bill.

We offer the following information and concerns for the Committee’s consideration:

1. Broad Terms and Definitions Used: This bill defines palliative as care with the goal of improving quality of life for the patient and the patient’s family. However, there are numerous situations in which the quality of life for a person receiving palliative care, and the family of that patient may conflict. Additionally, there are varying interpretations of what relationships are considered to be a patient’s family. The ambiguity of these terms could lead to unclear guidance on what constitutes palliative care and family decision-making.
2. Lack of Clarity About Billing Requirements: Medicaid is already billed for patients receiving long-term custodial care. It is unclear if Home and Community Based

Services (HCBS) would be included into this Medicaid billing. Furthermore, if a patient is already receiving HCBS billed to Medicaid, the coordination and guidance for which entity to bill for palliative care services is unclear. This overlap of services received could potentially risk patients needing to switch HCBS providers in order to receive palliative care services, which could interrupt continuity of care.

3. Unclear Guidance on Payer Responsibility: This bill does not indicate which payer is responsible for palliative care costs for patients who are dually eligible or receiving veterans' healthcare services. Additionally, the bill provides for HMOs, but not other insurance types commonly used by Medicare Advantage plans, including PPOs. A lack of guidance on various payers could lead to implementation confusion.

LeadingAge Maryland fully supports the broad intent of HB 1251 — promoting access to quality palliative care for all Maryland residents. At the same time, we recommend careful consideration of proposed definitions, payment and billing requirements, and alternative approaches that achieve the same quality goals without unintended regulatory barriers.

For these reasons, LeadingAge Maryland respectfully submit this letter of information for House Bill 1251.